MSME18160998 / SME Motor Pte Ltd - Kaki Bukit ENTRY DATE & TIME: 13/12/2018 17:16 SUBMITTED BY: Chia Pei Ying

Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 13/12/2018 17:20

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as <u>truthful</u> and <u>accurate</u> as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- 6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

	ACCIDENT STATEMENT
Date Of Report	13/12/2018 17:16
Date Of Accident	11/12/2018 10:45
Exact Location Of Accident	PAYA LEBAR ROAD
Country/State of Loss	SINGAPORE

	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLW981E	

Insured/Policyholder

Name Of Registered Owner EZ-SWIFT CAR RENTAL & LEASING PTE LTD

Co Reg No 201724540N Email Address NOEMAIL

Mobile Phone No

Alternative Phone No OFFICE-67479241

Vehicle Particulars

Manufacturer HONDA Model ACCORD

Exact Purpose for which vehicle was being used at

time of accident

Are you claiming under your own insurance policy

for repair to your vehicle?

NO

If No, Please state action to be taken THIRD PARTY

Vehicle Category PRIVATE CAR

Insurance Company

Name of Insurance Company AIG ASIA PACIFIC INSURANCE PTE. LTD.

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number 999994335

Cover Note Number

Driver

Name of Driver ERIC NG KOON SIONG

NRIC No S8930315Z
Date Of Birth 30/08/1989
Occupation OUTDOOR
Date Of Driving Pass 15/02/2012

Driving Experience 6 YEARS AND 9 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98950907

Fax Number

Contact Number

EMail Address NOEMAIL

Address BLK 942 HOUGANG ST 52 #09-113

Postcode 530942

Was driver an employee of the Insured's Company NO

If No. Relationship of the Driver with the Insured OTHER - -

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

NO

NO

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

Weather Conditions **CLEAR** Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

1

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police? NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

MY VEHICLE WAS STATIONARY ALONG PAYA LEBAR ROAD DUE TO TRAFFIC LIGHT WAS IN RED. SUDDENLY, I FELT. AN IMPACT. VEHICLE B HIT ONTO THE REAR PORTION OF MY VEHICLE AND CAUSED DAMAGES. AFTER THE ACCIDENT, I FELT DISCOMFORT.

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? NO Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJS3629Z

Vehicle Make/Model/Colour

Details Of Properties VEHICLE B Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name ERIC NG KOON SIONG Approximate Age

Injuries Sustain

Injured person in which vehicle?

SLW981E

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

Sketch Plan Pg. 1

SKETCH PLAN

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- 8. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, acknowledge, agree and consent that:

- My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "insurers"), the insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s)
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- my Personal Information may/can be disclosed by any of the insurers and/or GIA to their third party service providers or agents(including their lawyers/faw firms), which may be sited outside of Singapore, for one or more of the above Purposes,
- (d) my Personal Information will also be collected and used to complie claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insucers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

for confolying with requirements under any regulations, laws or court orders.

EZ-SWET CARTENTAL & LEASING PTE LTD eg///2/51724540N

kaki Bukit Avenue 6 ø1-11/Autobay@Kaki Bukit

Singapare 417883

Policyholder's Sig

Date & Time:

Oriver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

KIARWY Sketchillenform v2

New Hock TECK

Sketch Plan #2 Pg. 1

SKETCH PLAN paymenor road H: SIMPIBIE B: 5J53629E

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Μı	y renicle war stationary along Paya Lebar Road	
dù	ie to traffic light was in red.	
Ŝ	nddenly, I tell an impact. renicle B NH on the	
) (ear polition of my renicle and caused damage	J.
,	After the acuaent, I felt discomposit.	
		-

DECLARATION

I/ We declare the foregoing particulars are true in every respect.

EZ-SWIET CARRENTAL & LEASING PTE LTD

Leg Wo. 201724540N

1 Kaki Bukit Avenue 6

Block A 101-11 Autobay@Kaki Bukit
Policyholders Signature 417883

Oriver's Signature (If driver is not the policyholder) Date & Time:

Reporting Centre Personnel's Signature Name: NRIC/FIN No.;